

**RECEIVED  
CENTRAL FAX CENTER**

FAX: 571-273-8300

**AUG 23 2006****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RE: Application No.10/729,927  
Applicant/Inventor: SLOWSKI, Darrel R.  
Filed: 12/09/2003  
Title: Illuminated Identification Panel****Examiner: Mr Gary C.Hoge  
Art Unit: 3611**

Aug 23, 2006

**Commissioner for Patents  
RANDOLPH BUILDING  
401 DULANY STREET  
ALEXANDRIA VA. 22314**

Sir:

In response to the Office Communication of 2006/08/07, please amend the above-identified Application as follows:

**IN THE CLAIMS**

Substitute the amended claims, Claims 1-14 presented herewith for the claims previously submitted in the reply filed May 17, 2006.

**REMARKS**

Remarks pertaining to Claims 10 and 11, are included herewith for consideration.

Respectfully submitted,

  
Douglas W. EGGINS Patent Agent  
Regn No. 21,175

Enclosures

Claims listing and amended claims,  
Remarks.

**18 DOWNSVIEW DRIVE  
BARRIE, On. CANADA L4M 4P8**

phone 705 726-1975 fax 705 726-7341  
dweggins@sympatico.ca

PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number 10729,807

Filing Date 12/09/2003

First Named Inventor SLOWSKI, Darrel R.

Att Unit 3811

Examiner Name Gary C.HOGE

Attorney Docket Number DWG/SLOWSKI

RECEIVED  
CENTRAL FAX CENTER

AUG 23 2006

**ENCLOSURES** (Check all that apply)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              | RESPONSE to Office Communication of 2006/08/07, with:                                   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               | Claims Listing  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        | 14 Claims   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | <input type="checkbox"/> Landscape Table on CD                            | Remarks   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                  |          |        |
|--------------|------------------|----------|--------|
| Firm Name    | D.W.EGGINS       |          |        |
| Signature    | <i>D. Eggins</i> |          |        |
| Printed name | Douglas W.EGGINS |          |        |
| Date         | 2006/08/23       | Reg. No. | 21,175 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                  |      |            |
|-----------------------|------------------|------|------------|
| Signature             | <i>D. Eggins</i> |      |            |
| Typed or printed name | Douglas W.EGGINS | Date | 2006/08/23 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.